

**SERVICE / VEHICLE LICENSURE AND  
TRAUMA VERIFICATION APPLICATION  
GENERAL OPERATION**

Please describe the **general operation** of your service; including how it will operate in a manner consistent with WAC 246-976, the Regional Plan, and approved Regional Patient Care Procedures. *(Please find this information on our website at [www.doh.wa.gov/hsqa/emtp](http://www.doh.wa.gov/hsqa/emtp) click on "Licensure Processes." If you need hard copies of this information, please contact the Licensing and Certification office, shown at the bottom of this application).* Provide an explanation of your:

**1. Dispatch plan**

We are dispatched by the County 911 System.

**2. Response plan**

To send the nearest EMS licensed vehicle (with EMTs) followed by ALS if necessary.

**3. Response area**

Our response area is the city of Elsewhere (example; from street A to Z).

**4. Type of transport (emergency and/or interfacility), if any**

We provide both emergency and interfacility transport.

**5. Tiered response and rendezvous, if any**

We provide tiered response with BLS, ILS and ALS (see #2).

**6. Back-up plan to respond**

Our back-up response plan is via a mutual aid agreement with Fire Dist. #10.

**NOTE:** Other services involved in your response plan must be informed by you that they are participants and must agree to that participation. Attach extra sheets as necessary.

**"I hereby affirm and declare that the information provided in this application is true and correct, and that:**

1. We operate in a manner consistent with the Regional Plan and pre-hospital patient care procedures;
2. The vehicles identified on this application meet the equipment requirements for the level and type of trauma verification requested by our service;
3. We maintain minimum staffing levels for verification as identified on Page 3;
4. Our certified EMS personnel utilize approved Medical Program Director (MPD) protocols; and
5. We have adequate insurance coverage (copy attached)."

\_\_\_\_\_  
Person Completing Application (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner/Operator (Signature & Title)

\_\_\_\_\_  
Date

**DO NOT DUPLICATE**

OEMTP / L&C, PO BOX 47853, OLYMPIA, WASHINGTON 98504-7853 / (360) 236-2845 / 1-800-458-5281, Ext. #1